POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	4/27/01
FORMALITY REVIEW	MD	579	5/12/01
RESPONSE FORMALITY REVIEW		657	7/19/01

INDEX OF CLAIMS

✔	..... Rejected		N	..... Non-elected	
=	..... Allowed		I	..... Interference	
—	(Through numeral)... Canceled		A	..... Appeal	
÷	..... Restricted		O	..... Objected	

Claim Final	Original	Date								
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If more than 150 claims or 10 actions
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